Montgomery County Department of Health and Human Services

Strategic Plan 2006-2011



Building a Healthy, Safe and Strong Community — One Person at a Time.

Montgomery County Department of Health and Human Services

Strategic Plan 2006-2011

Building a Healthy, Safe and Strong Community — One Person at a Time.

For additional copies contact the Office of Planning, Accountability and Customer Service 240-777-1245

This document is available in alternative formats by calling: 240-777-1098 | TTY 240-777-1398

Table of Contents

A M	essage from the County Executive	1
A M	essage from the Director	1
l.	Executive Summary5	5
II.	Strategic Planning Framework)
III.	Who We Serve11	1
IV.	The Department of Health and Human Services	3
V.	Mission, Vision, Guiding Principles, and Values	7
VI.	Strategic Goal, Objectives, Strategies, and Measures	9
VII.	Service Integration and Internal Operations Priorities	3
VIII.	Conclusion	1
IX.	Appendices	5
	A. Glossary	5
	B. Environmental Assessment of Montgomery County	7
	C. Planning Process	2
	D. Focus Group and Interview Participants and Feedback	3



Over the past decade our community has become more diverse and the health and human service needs of our residents have changed. We have also seen significant changes in state and federal human service priorities. In response to these changes we have taken the opportunity to review our services and delivery processes.

I am pleased to join the staff and leadership of the Montgomery County Department of Health and Human Services in presenting their 2006-2011 Strategic Plan. This comprehensive plan provides a framework for integrating services, fostering collaboration among service delivery partners and utilizing innovative strategies to address the critical health and human services needs of our diverse community.

I commend the Department for their leadership and commitment to developing a long-range plan. In developing the plan's goals and objectives, the Department used an inclusive process, effectively gathering input and insight from a broad range of customers, community-based organizations and elected officials. The level of community involvement in the process is well reflected throughout the plan. Over the next five years the plan will serve as the Department's and the Community's guide for quality performance and accountability.

As County Executive, I remain committed to ensuring that the County's health and human service delivery system continues to meet the needs of our ever-changing community. I extend my sincere thanks to the Department and its service delivery partners for ensuring the successful implementation of the strategic plan.

Sincerely.

Douglas M. Duncan
County Executive

A Message from the Director

Over the past year, the Department of Health and Human Services has engaged in a broad and far-reaching process to develop a set of strategic goals and actions that will guide the delivery of our services to Montgomery County residents over the next five years. This work was informed by many customers, community-based service providers, County government leaders, and community advocates who reflect the diversity of our county. After listening to their perspectives and insights, which in many ways confirmed our own, we collected and reviewed data related to our system of care and supports and developed the Department's Strategic Plan, 2006 – 2011.



The Department's strategic plan offers a coordinated and integrated service response to address the County's increasingly complex health and human service needs. It recognizes, and guides, our critical collaborations and partnerships with other government and the community agencies. The plan also brings important focus to our efforts to efficiently use financial and staffing resources that will ensure the continued availability of high quality and effective services.

We are privileged to work and live in a community that honors diversity and values the individual strengths of its residents. It is my good fortune to lead the Department of Health and Humans Services team, with our strong and steady senior leadership team and talented staff. We appreciate the contribution of so many individuals and organizations to this effort. It is with pleasure that I present the Department's strategic plan, a product of our collective efforts.

We look forward to continuing our work in service to Montgomery County residents. As we advance our efforts, we will continue to depend on our strong partnerships with community organizations and other government agencies as we all work collectively to "Build a Healthy, Safe and Strong Community – One Person at a Time".

Sincerely,

Carolyr W. Chin Carolyn W. Colvin

Director

I. Executive Summary



Providing health and human services that address the basic and critical needs of the county's most vulnerable children, adults and seniors is the responsibility of the Montgomery County Department of Health and Human Services.

First and foremost, the Department provides core services that protect the community's health, protect the health and safety of at-risk children and vulnerable adults, and address basic human needs including food, shelter, clothing and personal care. The Department also provides a number of other services to assist families to be healthy, safe and strong.

Over the past 15 years, the county has experienced significant changes that impact both the need for and delivery of health and human services. Most notably, the population is more diverse ethnically, economically and linguistically, the number of seniors is growing rapidly, and many individuals and families live in poverty.

Montgomery County is one of the wealthiest counties in the nation, with 37 percent of households having an income of \$100,000 or more in 2002. [U.S. Census reported by Maryland-National Park and Planning Commission, Research and Technology Center, April 2004]. Alongside this wealth, however, is poverty. In 2003, an estimated 50,982 individuals in the county lived in poverty, including 6.7 percent of children under 18 years of age, 10.5 percent of related children under five years of age, 14.3 percent of unrelated individu-

als over age 15, and 7 percent of seniors 65 and over. [U.S. Census Bureau, American Community Survey, 2003].

In the same year, 2004, the federal government set the official Federal Poverty Level for a family of three with one adult, one pre-school child and one school-age child at \$15,260. A more realworld based measure is the Self-Sufficiency Standard, which calculates the amount of income the same family would need to meet its basic needs in Montgomery County, including food, housing, clothing and employment-related expenses of transportation, taxes and child care. In 2004, the Self-Sufficiency Standard for the county was \$51,086, equivalent to a full-time job earning \$24.19 an hour. [Self-Sufficiency Standard for Montgomery Count, MD, 2002/2003, Department of Health and Human Services, Community Action Agency].

In addition to individuals living at or below the Federal Poverty Level, an estimated 42,565 families had incomes between \$15,000 and \$49,999 in 2003, according to the American Community Survey. With an average family size of 3.19 in Montgomery County, these statistics indicate that a significant number of families in the county are low income, if not below the poverty level, and face substantial economic challenges. Every day, more of these residents turn to the Department of Health and Human Services for help in meeting needs that they cannot meet themselves.

Recognizing these changes and seeking both to improve the current delivery of services and prepare for the future, the Department of Health and Human Services undertook a strategic planning process in the fall of 2004. The resulting strategic plan identifies the Department-wide priority goals, objectives and strategies that will quide the Department over the next five years.

Early in the planning process, the Department sought the perspective and insight of a broad

segment of the community about the needs for health and human services. More than 40 interviews and focus groups were conducted with customers, providers, stakeholders, and advocacy and community groups, along with leadership and staff from the Department of Health and Human Services, the County Executive's office, other County departments, and the County Council. A wealth of information and several common themes emerged from these sessions.

The information gained from the interviews and focus groups, plus demographic and Department program data, formed the foundation for strategic planning discussions among the Department of Health and Human Services' leadership team. Over several months, these key staff reviewed the information collected and discussed the critical needs in the community and the

Department's role in response to these needs.

After careful consideration, the Department's Senior
Leadership Team reached consensus on eight (8)
Department-wide priority goals for the next five years that, if achieved, will have the greatest impact on the community's health, safety and strength.
These goals are:



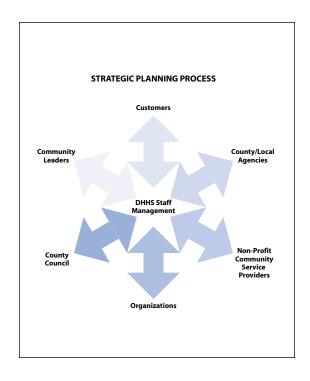
HEALTHY COMMUNITY

 Increase Access to Quality Health Care (Physical, Oral and Behavioral Health).

Customers, community groups and County government staff consistently listed the ability to obtain health care as their most important concern. The Department's objectives are to:

- Strengthen and expand services offered through Montgomery Cares.
- Ensure individuals receive services for which they qualify.
- Increase enrollment of eligible residents in Medicaid and/or other entitlement programs.
- Improve access to services for adults and children with the most serious, chronic behavioral health disorders, including children in the child welfare and juvenile justice systems and exoffenders.

- Expand school based health programs.
- Develop partnerships to better respond to the needs for health and human services.
- 2. Improve the Public's Health. Protecting the public's health is a core function of the Department. To improve the health of individuals and the community as a whole, the Department's objectives are to:
 - Increase public education on key public health issues.
 - Eliminate racial and ethnic disparities by targeting diseases/disorders with high incidence in specific populations and by providing consistently high quality services to all racial and ethnic groups.
 - Reduce the incidence and prevalence of avoidable injuries.
 - Reduce the incidence, morbidity and mortality related to chronic diseases/disorders, including obesity.
 - Increase the effectiveness of behavioral health treatments to improve outcomes and consequently decrease the number of people with behavioral health needs inappropriately in the homeless system, jails and hospital emergency rooms.
 - Develop resources to address the whole spectrum of child mental health needs.



SAFE COMMUNITY

- 3. Protect the Safety of our Children, Vulnerable Adults, and Victims of Violence. In addition to protecting children, vulnerable adults and victims of violence, the Department will address domestic violence and emerging issues such as gang violence. The Department's objectives are to:
 - Increase comprehensive support services for children, vulnerable adults and victims of violence.
 - Reduce family violence, domestic violence, child abuse and elder abuse through partnerships and public information.
 - Focus on community safety, including gang prevention and intervention.
 - Ensure that children and vulnerable adults are in safe, appropriate, supervised settings (e.g. child care, group homes, and assisted living facilities).
- 4. Increase Affordable, Accessible and Supported Housing Options for our Populations. While other County departments have primary responsibility for housing, the Department of Health and Human Services recognizes the critical impact of housing on our customer's health, well being and self-sufficiency. The Department's objectives are to:
 - Reduce the incidence/prevalence of seniors and individuals with special needs who use shelters and/or transitional housing.
 - Promote, in collaboration with partners, an increase in the number of affordable and accessible housing units for lowincome people and people with special needs.
 - Develop and implement effective strategies, in collaboration with partners, to prevent and reduce homelessness.
- 5. Protect the Health and Safety of the Public through Emergency Preparedness. To prepare for public emergencies, whether from natural causes, terrorism or disease, the Department's objectives are to:
 - Ensure that all Department Service
 Areas prepare their customers for all hazards/emergencies.



- Plan and maintain readiness to identify bioterrorism and biological threats and respond immediately if a disaster occurs.
- Train all staff in emergency management practices.

STRONG COMMUNITY

- 6. Ensure Children and Youth will be Ready to Learn and Able to Thrive. For children to grow into healthy, safe, strong, self-sufficient adults, they need a range of supports. The Department's objectives are to:
 - Expand access to quality child care and to prevention and early intervention programs for children, including children with disabilities.
 - Expand health, behavioral health and support services to children and their families to keep them healthy and ready to learn.
 - Increase prevention and intervention programs for children and youth including children with special needs.
 - Develop resources to address the whole spectrum of child mental health needs.
 - Develop partnerships to increase the Department's resources to provide services to children.
- 7. Increase the Number of Seniors and People with Disabilities Who Live in the Setting of their Choice. To assist seniors and people with disabilities to live where they choose, and to address emerging health issues, the Department's objectives are to:
 - Increase the active participation in the community of seniors and persons with disabilities.
 - · Increase services to meet the needs of

- people with increasingly prevalent disorders/diseases such as Alzheimer's and autism.
- Ensure providers of less restrictive living environments are providing safe and high quality services in compliance with the law.
- Implement services, in collaboration with partners, to allow seniors and people with disabilities to live in integrated settings.
- 8. Increase the Economic Security of our Customers by Improving Employability.

While other County departments have primary responsibility for employment, the Department of Health and Human Services recognizes the critical impact of employment on our customer's health, well being, strength and self-sufficiency. The Department's objectives are to:

- Ensure the Department of Health and Human Services' programs and services promote and facilitate customers' ability to obtain and retain employment.
- Address unmet quality child care needs of low-income populations.
- Improve employment outcomes for clients with behavioral health needs, people with disabilities, elderly, Temporary Cash Assistance (TCA) populations and immigrant populations by improving access to programs and jobrelated training and education.
- Utilize case management functions to address the economic security of all customers.

The Department is organized to provide services and achieve its goals through the programs and services of four Services Areas:

- Aging and Disability Services
- Behavioral Health (Mental Health and Addictions) and Crisis Services
- Children, Youth and Family Services
- Public Health Services

In addition, the Office of Special Needs Housing, the Office of Community Affairs and the Office of Planning, Accountability and Customer Service



work to assess, understand and respond to the current and emerging needs in the community.

Staff in each of the Service Areas collaborated in the strate-

gic planning process. Once the Department's Senior Leadership determined the broad strategies for accomplishing Department-wide goals, staff in each Service Area developed action plans that identify specific steps each Service Area will undertake in the first year to support our strategies, objectives and goals. In addition, three Department-wide strategies will be implemented to focus on integrating services to improve service delivery and customer service. These are: implementation of cross-system case management, implementation of a universal assessment tool to determine customer needs, and improved cultural and language competency in our service delivery.

To assess progress toward the strategic plan goals, the Department is developing targeted evaluation measures for each of the eight goals. Each year, the Department leadership and staff will review the impact of the past year's actions toward the strategic goals and make adjustments as needed, both to ensure continuing progress and to accommodate any needs and issues that emerged during the year.

The strategic plan is ambitious. The Department cannot achieve its strategic goals alone and is committed to strengthening partnerships with community groups and service providers to better meet the needs of Montgomery County residents. The Department also recognizes that its success in executing the strategic plan will be impacted by budget allocations at the federal, state and county level.

This plan aligns with the Montgomery County Health and Human Services Policy adopted by the County Council on November 26, 2002.



II. Strategic Planning Framework

The Department of Health and Human Services employed a structured, broad-based planning process to make informed decisions about the Department's strategic direction for the next five years. To fully comprehend and assess the current and anticipated health and human service needs in the county, the Department sought answers to four key questions: where are we now, what do we want to achieve, how do we achieve it, and how do we measure progress?

To obtain the most comprehensive information and feedback, the Department conducted interviews or focus groups with a broad representation of customers, stakeholders, providers and government officials. Feedback from these sessions, along with a demographic analysis of the county's population, costs of living, economic factors and emerging trends, formed the basis for discussion and decision-making among the Department's senior leadership team about strategic goals, objectives and strategies.

WHERE ARE WE NOW?

The starting point for the strategic planning process was to identify the status of current health and human service needs in the county and the service delivery system process for addressing those needs. This was accomplished through an environmental assessment that includes:

- Customer and Community Input
- Government and Partners Input
- Demographic Analysis
- Identification of Strategic Issues

WHAT DO WE WANT TO ACHIEVE?

The Department's senior leadership team used feedback from interviews and focus groups, information from the demographic analysis, and the Department's own expertise to determine what the Department of Health and Human Services wants to achieve. In so doing, they



reviewed and updated the Department's vision and mission statements and guiding principles, identified strategic goals and objectives and determined the measures to use to assess progress and performance.

Reflected below are the elements of this phase of the planning process.

Vision

- DHHS' perspective on its role in the community
- · Image of desired results

Strategic Goals

 Long-term desired outcomes to achieve the Montgomery County Department of Health and Human Services' vision of a "Healthy, Safe and Strong Community".

Objectives

 Priority areas of focus across the Department to ensure that long-term desired outcomes are attained.

HOW DO WE ACHIEVE IT?

The Department is implementing the five-year

strategic plan year by year through annual action plans developed by each of the Department's Service Areas. These plans detail specific actions to be undertaken as part of strategies to achieve the identified goals and objectives. The Department is monitoring progress toward the strategic goals and will update the plan based on results and ongoing input from customers and stakeholders. We will hold ourselves accountable for measuring our progress.

Strategies

 Approaches that will influence objectives to ensure that the Montgomery County Department of Health and Human Services achieves its strategic goals.

Action Plans

 Specific actions developed on an annual basis that support the Department's strategies.

HOW DO WE MEASURE PROGRESS?

Monitoring and evaluating progress toward the strategic goals is a critical element both for accountability and for making annual updates to

the strategic plan. To that end, the Department identified key measures to assess the Department's progress toward achieving the strategic goals.

Measures

- Specific, measurable indicators to track progress in achieving goals and objectives.
- Baseline performance benchmarks.
- Target outcomes for each measure set and reviewed on an annual basis.

Monitoring, Tracking and Reporting

 Processes, systems and data collection as a mechanism for keeping the plan on track, updated annually. The Department will engage in regular two-way communication with the community to report results and collect input/feedback.

This strategic plan document contains the Department's strategic goals, objectives, key strategies and measures. Action plans and targets are developed annually and will be available in summary form in annual updates to this document.

III. Who We Serve

Data about the people served by the Department of Health and Human Services are an important and necessary component of discussions about issues of public health and human services. (For Montgomery County data, see the Environmental Assessment, Appendix B).



Statistics provide valuable information; for example, the percentage of children who live in poverty, the number of families who have no health insurance, the increase in number of families and individuals living in shel-

ters, and the number of seniors likely to face Alzheimer's disease. Numbers alone, though, provide an incomplete picture. Behind each statistic is a name and a face – a person or a family in our community that comes to the Department of Health and Human Services for help in meeting needs they cannot meet themselves. It is the Department's responsibility and mission to serve these individuals and families whose lives are reflected in the statistics we collect.

The scenarios that follow describe just a few of the circumstances that bring individuals and families to the Department for services.



A 72-year-old woman, recently widowed, with chronic health problems and partially blind, faces new challenges on her own. Her Social Security payments were reduced due to the death of her husband and she

can no longer drive. She is having difficulty paying the rent, can't see well enough to clean or shop and can no longer get to her doctor appointments. A friend from the senior center refers her to the Department of Health and Human Services where she can obtain chore service, assistance with transportation and learns that she can apply for a program that subsidizes apartments for seniors.

Concerned about bruises and major behavior changes in one of her students, a second grade teacher calls the Department of Health and Human Services. A child protective services worker intervenes and determines that the young boy is being abused by his stepfather. Intervention with the entire family is critical. The goal is reunification of family where all members are safe.

A woman who is an alcoholic is determined to get sober and seeks help from the Crisis Center. The Department of Health and Human Services provides inpatient detoxification, shelter and support services. The young woman, with the support of the Department, achieves sobriety for the first time in ten years.

Two parents with three children and no health insurance seek assistance from the Department of Health and Human Services. The parents' minimum wage jobs offer no benefits and barely cover the cost of rent and food. The family is eligible for the children's health



insurance program. The children are now able to get basic health care.

A mother works a full-time job to provide for her daughter. However, at the end of the month, she

does not have enough money to pay rent, buy groceries and pay for child care. The mother is encouraged by a friend to call the Department of Health and Human Services. The young woman discovers that she is eligible for food stamps and child care assistance. Now, the end of the month is very different.

The strategic plan presented here provides the foundation work necessary for the Department to more effectively respond to current and emerging needs of individuals and families in our community.

IV. The Department of Health and Human Services

STRUCTURE

The Department of Health and Human Services has primary responsibility for the delivery of public health and human services in Montgomery County. First and foremost, the Department's responsibility is to the children,



families and individuals we serve. The Department also is accountable to the taxpayers of Montgomery County for spending funds in a costeffective manner.

The Department's Fiscal Year 2006 operating budget is \$ 219,599,100, representing approximately 16.5 percent of the County's overall operating budget. The Department employs over 1,600 individuals, contracts with over 100 non-profit community-based organizations, and touches the lives of thousands of individuals through services provided at 20 locations throughout the county.

To ensure delivery of integrated, programmatically sound and fiscally responsible services to Montgomery County residents, the Department uses a variety of approaches, including:

- Anticipating future trends and needs through data analysis and planning.
- Developing and implementing programs and services to meet those needs in a fiscally responsible manner.
- Ensuring oversight and accountability.
- Piloting and evaluating innovative approaches to service delivery.
- Developing and supporting a broad network of community, nonprofit, public and private sector service delivery organizations.

Over the past several years, the Department has undergone a major transformation in an effort to

create greater efficiency and effectiveness in our delivery of services. The Department has consolidated to four major service areas:

- Aging and Disability Services
- Behavioral Health [Mental Health and Addiction] and Crisis Services
- Children, Youth and Family Services
- Public Health Services

In addition, the Office of Special Needs Housing, the Office of Community Affairs and the Office of Planning, Accountability and Customer Service were established to assess, understand and respond to the current and emerging needs of our community.

FOCUS AND RESPONSIBILITY

The Montgomery County Department of Health and Human Services provides a wide array of public health and human services that address the needs of children, families, individuals and seniors. At its core, the Department's mission, responsibility and focus are for:

- Public health programs that protect the health of the general population and address the health care needs of specific populations.
- Protection programs and systems that provide for the health and safety of children and vulnerable adults at risk.
- Basic needs including food, shelter, clothing and personal care.

The Department also provides supportive services including individual intervention programs that provide psychosocial, behavioral, and physical health services to individuals; prevention services for children, families and individuals; and self-sufficiency programs that help indi-



viduals and families achieve their maximum level of self-reliance. These services, coupled with core services, create an effective continuum of care that addresses the broad spectrum of needs across our community.

INTEGRATION OF SERVICES

The richness in the diversity of Montgomery County residents challenges traditional health and human service delivery models. Therefore, the Department continues to focus not only on the services we provide but also on how, where and by whom those services are offered.

The Department is undertaking a major effort to integrate services in a way that responds to each individual and family in the most holistic, effective and efficient manner. Traditionally, people who came to the Department for services were

required to visit multiple offices to apply for services in different areas – public health, income support, mental health or substance abuse, or aging and disability. The Department is working on a multi-year initiative to create a more integrated service delivery system that is flexible and responsive to each client. The service integration approach chal-

lenges each staff

member of the Department to think and act differently and recognizes that our services are only as effective as they are accessible and responsive.

As part of the service integration initiative, the Department will implement three key strategies over the next five years, including: universal assessment to obtain a comprehensive understanding of the level and complexity of a customer's needs; cross-system case management to address the range of a customer's needs in a coordinated manner; and culturally and linguisti-

cally competent service delivery in all of our services to respect and respond to the needs of our multicultural community.

PARTNERSHIPS

The Department of Health and Human Services relies heavily on partnerships with a wide variety of organizations and entities to deliver services and accomplish our mission. These private partners represent an effective extension of the Department's service delivery continuum and play a critical role in the Department's ability to provide, in many cases, the most basic services in communities throughout the county.

ENVIRONMENTAL ASSESSMENT

Over the next five years, Montgomery County faces changes that will present the Department of Health and Human Services with both challenges and opportunities in the delivery of health and human services. Major changes in the economic environment, in cultural and demographic factors and in federal and state funding priorities will greatly impact the residents of Montgomery County and require the Department to act appropriately, responsibly and urgently, while anticipating and preparing for emerging needs. The following synopsis of relevant data shows the implications of the changing environment. A more comprehensive environmental assessment is included in Appendix B.

Low-income individuals and families in Montgomery County, whether long term or newly low income, face substantial hardships in paying for the cost of basic needs: housing, food and health care. And, while the portrayal of Montgomery County residents as well educated and well-off is true for many, a growing number of residents who are usually considered middle income face substantial economic challenges that threaten their financial stability. The skyrocketing cost of housing, child care and health insurance and health care means many residents, though not "poor" by official poverty measures, cannot afford the cost of living in the county.

Changing demographic factors also impact the delivery of health and human services. As more





people born in other countries move into the County, this diversity expands the cultural richness of our community and also creates new language and culture challenges for the Department of Health and Human Services. At the same time, the number of both young and older residents is growing, so that more services are needed for children under 18 and seniors over 60.

The critical factors that impact the need for and delivery of health and human services in Montgomery County include:

Housing. The escalating cost of housing in the county creates a significant financial burden for low-income individuals and families. Already priced out of home ownership, they nonetheless face high costs for rental units. Many residents find adequate, affordable shelter difficult to obtain. In 2004, the average turnover rent (the monthly cost for a newly-rented unit) for a two bedroom apartment in the county was \$1,211 per month.

The National Low Income Housing Coalition, in *Out of Reach 2004*, estimates that an income of \$47,480 (\$22.83 per hour) is needed to afford a two-bedroom apartment at Fair Market Rent (FMR).

Health Insurance. The number of people without health insurance continues to grow in Montgomery County, and the cost of health care continues to rise. An estimated 80,000 adults in Montgomery County are uninsured.

Child Care. The limited availability of affordable child care slots in Montgomery County places increased pressure on families with young children. One year of full-time child care for one preschool age child in a licensed child care facility currently costs between \$6,000 and \$10,000 per year and averages \$17,700 for a family with one infant and one pre-school age child.

Poverty and the Real Cost of Living. In 2004, the Self-Sufficiency Standard for Montgomery County for a family of three consisting of one adult, one pre-school age child and one schoolage child was \$52,381, meaning a family would need to earn an hourly wage of \$24.80. The current minimum wage is \$5.15 per hour.

Demographic Changes. Montgomery County continues to experience incredible growth. Since 2000, the county's population has grown by 52,000 people to 925,000, a six percent increase from the U.S. Census

Bureau's 2000 census figures.

Foreign Immigration.

Between 1990 and 2000, the county population grew by 116,314 people to 873,341. Foreign-born individuals accounted for 89.1 percent of the population growth over that 10-year period, led by immigrants of Asian and



Hispanic descent. Between 2000 and 2004, an additional 33,868 international immigrants moved to the county.

Aging Population. As the baby boomers enter their senior years, the senior population will grow dramatically. In 2000, 92,503 individuals in the county were 65 years of age or older. By 2005, that number increased to 100,241 and is projected to grow by another 11,621 by 2010. Many seniors experience reduced income and greater needs for physical and mental health services.

Federal and State Funding and Policies. Federal and state government funding for social programs is in a period of decline. The federal government has passed responsibility for making up

the loss of federal funds for some critical health and human services to state governments. In turn, the State of Maryland has reduced aid for many health and human services, leaving the County government to fund a higher proportion of the costs, or reduce or eliminate some services for county residents.

These factors in the county require that the Department of Health and Human Services strengthen its system of care and make sure it is resilient and anticipates and responds to dramatic changes or significant influences in the community.

V. Mission, Vision, Guiding Principles, Values

MISSION

The mission of the Department of Health and Human Services is to promote and ensure the health and safety of the residents of Montgomery County and to build individual and family strength and self-sufficiency.

To accomplish this, the Department strives to provide services that:

- Build on the strengths of our customers and the community.
- Are community based.
- Are accessible.
- Are culturally competent.
- Are responsive to changing needs of our community.
- Are provided in collaboration with our community partners.

VISION

We envision a Healthy, Safe and Strong Community.

GUIDING PRINCIPLES

The Department is guided by the following principals:

- 1. Prevention and early intervention are key to effective outcomes for the people we serve.
- We design and deliver services that meet the customers' needs, including one-stop services, as part of a fully integrated delivery system.
- We deliver services that respect the diversity of our community. To accomplish this, we seek a diverse workforce and to work with diverse partners.
- We respect the privacy rights of our clients by incorporating the principles of fair information practices into our policies, proce-

- dures, professional interactions and information technology systems.
- We focus on and build upon the strengths of the individuals and families we serve, and provide choice and promote self-determination.
- We build effective partnerships with the non-profit community and seek ways to strengthen our non-profit partners to support them in meeting the needs of our customers.
- We are committed to and hold our staff accountable for the highest quality customer service for all customers, including demonstrated respect, professionalism, timeliness and fairness.
- All staff are responsible for achieving the outcomes of the department; likewise all staff are responsible for serving all customers.
- We value the skill and dedication of our staff and will provide them with adequate support, resources and training to serve our customers well.
- 10. We regularly solicit the broad input of the community to support pro-active policy development and program planning, and we will seek to include, empower and support communities and community-based organizations, consistent with our mission.
- 11. We continuously develop community partnerships to promote innovative solutions to current and emergent challenges.
- 12. We hold ourselves accountable for outcomes and results that benefit individual customers, families, and the community.

- 13. We view data as an asset, and we are proactive in decision-making based on data. We will regularly evaluate, assess and continuously improve our programs and services based on outcome data to ensure our effectiveness.
- 14. We create a culture of action that fosters an appropriate sense of urgency.
- 15. We apply evidence based and promising practices as much as possible to the design and delivery of our programs and services.

The Department of Health and Human Services' strategic plan aligns with Montgomery County's guiding principles and the Health and Human Services Policy developed by the Montgomery County Council in 2002.

VALUES

In providing services to meet the health and human service needs of the Montgomery County community, the Department of Health and Human Services embraces these core values:

Trust

- Communicate consistently, honestly and openly.
- Treat others as we would like to be treated.

- Demonstrate behavior that is consistent with what has been communicated.
- Demonstrate integrity in all aspects of work.

Customer Service

- Demonstrate friendly and welcoming attitude in all encounters.
- Offer prompt, fully accessible and high quality services.
- Provide appropriate and complete professional communication response.
- Provide culturally competent service.

Diversity

- Hire staff that are reflective of the individuals we serve.
- Provide fair and equal treatment.
- Understand, accept and practice cultural competence.
- Embrace Limited English Proficiency and Americans with Disabilities Act tenets.

Accountability

- Accept responsibility.
- Honor deadlines and commitments.
- Achieve, maintain and measure the goals of the organization.
- Provide clear expectations, goals and instructions.
- Focus on results.

VI. Strategic Goals, Objectives, Key Strategies and Measures

Building a Healthy Community — One Person at a Time.

STRATEGIC GOAL ONE:

Increase Access to Quality Health Care (Physical, Oral and Behavioral Health)

ata collected from strategic planning focus groups indicates a broad consensus that access to health care should be at the top of the Department's priorities over the next five years, with a particular focus on access to behavioral health services (mental health and addictions) for children and those with chronic behavioral health needs.

OBJECTIVES AND STRATEGIES

Implement Montgomery Cares in partnership with the community; promote access to quality health care for uninsured residents.

- Provide care through a network of non-profit clinics housed in adequate space, using paid and unpaid volunteer staff.
- Implement oral and behavioral health services components of Montgomery Cares.
- Improve access to health care for children and pregnant women.
- Promote participation of uninsured adults and seniors in Montgomery Cares through capacity building and targeted outreach.

Ensure that all individuals in the Department of Health and Human Services system receive the health services for which they qualify.

- Develop an integrated and comprehensive screening and eligibility referral process.
- Enhance availability of Department of Health and Human Services program information for staff, community organizations and clients
- Increase regionalization of services to increase accessibility.

- Identify and develop culturally competent providers to serve unmet needs.
- Educate the community about the array of behavioral health services that are available.

Increase enrollment of residents eligible for Medicaid and/or other entitlement programs.

- Co-locate eligibility workers with existing health services for the uninsured.
- Expand outreach through work in partnership with community organizations and health promoters.
- Educate all programs and partners to provide entitlement program information (i.e. Medicaid and others) to consumers.
- Through universal screening, identify and link eligible families to enrollment.

Improve access to services to adults and children with the most serious, chronic behavioral health disorders, including children in child welfare and juvenile justice systems and ex-offenders.

- Increase the Department's capacity to provide services that are culturally competent and serve special populations (e.g. juvenile sex offenders, dually diagnosed).
- Expand training to providers to enable them to serve special populations; attach incentives and increase funding to enhance this capability.
- Expand community case management to provide case management services to those with serious behavioral health problems.



- Expand co-location of behavioral health programs and staff with other Department of Health and Human Services programs, and with partners.
- Expand linkages with other behavioral health programs, partners and service area programs to work with clients with complex needs that are being served by more than one program. (Examples include the Hospital Group, the Urgent Care Response Team and the Collaborative Meeting.)



Implement expansion of school-based health programs and further integrate them into the Montgomery Cares system.

- Establish additional school-based health centers in partnership with Montgomery County Public Schools.
- Increase funding to operate and enhance school-based health centers.
- Increase funding for physical and behavioral health services in the schools in partnership with Montgomery County Public Schools.
- Explore the feasibility of implementing adolescent health clinics in high schools.

Develop and/or enhance partnerships to leverage resources.

- Advocate with the U.S. Public Health Service to allow federal, licensed health care providers to volunteer with community nonprofit clinics and Department of Health and Human Services clinics.
- Build partnerships with universities and community hospitals to help provide health education and health services to the uninsured.
- Build partnerships with physicians and dentists to encourage them to serve the Department's customers.

KEY MEASURES

Increase the number and percentage of the uninsured population that have access to health care.

- Physical
- Behavioral
- Dental

Increase the number/percentage of adults and children coming into ongoing DHHS programs who are assessed for behavioral health problems.

Increase the number/percentage of adults and children identified as having behavioral health problems that receive services.

Increase the number/percentage of Medicaid eligible residents that are enrolled.

- Maryland Children's Health Insurance Program (MCHIP)
- Pregnant Women and Children (PWC)
- Qualified Medicare Beneficiaries (QMB) and Special Low-Income Medicare Beneficiaries (SLMB)
- Behavioral health fee-for-service

Building a Healthy Community — One Person at a Time.

STRATEGIC GOAL TWO:

Improve the Public's Health

The health of individuals and the community at large are interrelated. To promote and protect the health of all our residents, the Department of Health and Human Services identified and will address these priority public health issues in the community, in addition to our core public health functions.

OBJECTIVES AND STRATEGIES

Increase public education on key public health issues.

- Collaborate with schools, advocacy groups and other County departments to increase public awareness and adoption of healthy lifestyle behaviors and prevention strategies.
- Work with television, radio and print media, including multicultural media, to change social norms and community attitudes towards health issues.
- Provide public education to reduce stigma associated with mental illness and substance abuse.
- Use multi-lingual, culturally competent approaches to educate the public on key public health issues.

Eliminate racial and ethnic health disparities by targeting diseases/disorders with high incidence in specific populations and by providing consistently high quality services to all racial and ethnic groups.

- Improve data monitoring and evaluation for minority populations for use in developing appropriate strategies.
- Increase case management and one-on-one services to targeted minority populations.
- Link targeted populations with community resources, including health professionals within those populations, for early intervention and outreach.
- Increase prevention programs related to significant health disparities.

Reduce the incidence and prevalence of avoidable injuries.

- Raise community awareness about ways to prevent high risk behavior and injuries.
- Work with partners to address teen driving safety, including teen drunk driving.
- Raise community awareness of existing home modification services to assess homes for appropriate assistive devices and design changes that can reduce the risk of injuries.
- Reduce self-injurious behavior and suicide through prevention and intervention.



Reduce the incidence, morbidity and mortality related to chronic diseases/disorders, including obesity.

- Partner with health advocacy groups to advocate for a local Youth Risk Behavior Survey to collect and access local data on obesity and other conditions.
- Provide education, outreach and early intervention on nutrition, physical activity and tobacco use.
- Educate the community on the strategies to address childhood obesity and asthma.

Reduce the incidence, morbidity and mortality related to communicable diseases.

- Ensure that children are properly immunized.
- Increase funds for an early warning system for emerging communicable diseases (SARS, Avian flu, etc.).

- Enhance national and international links to stay abreast of emerging communicable diseases.
- Enhance ability to provide timely inspections and investigations of food facilities, public/community swimming pools and other facilities that require licenses.
- Ensure the provision of comprehensive medical and psychosocial care for all identified HIV positive residents of Montgomery County.

Increase the effectiveness of behavioral health treatments to improve outcomes and consequently decrease the number of people with behavioral health needs inappropriately in the homeless system, jails and hospital emergency rooms.

- Utilize appropriate assessment tools to screen and assess customers.
- Build a broader array of both traditional and non-traditional treatment strategies.
- Increase capacity and flexibility to treat more customers.

Develop resources to address the whole spectrum of child mental health needs.

- Increase resources to prevent child hospitalizations.
- Increase respite care.
- Increase the number of children assessed.
- Increase skilled, culturally competent therapy resources.
- Develop blended funding strategies and administrative support to support behavioral health providers in serving our children and families.
- Improve behavioral health crisis response services to children and youth at every level.

KEY MEASURES

Increase in the number/percentage of adults with behavioral health problems that have improved outcomes as a result of treatment.

- Increase housing stability.
- Increase employment.
- Reduce incarceration.
- Reduce hospitalization.
- Reduce homelessness.

Increase the number/percentage of children who have improved outcomes as the result of behavioral health treatment.

- Increase in school attendance for Department of Health and Human Services involved youth.
- Decrease in the number/percent of Department of Health and Humans Services involved youth sent to residential treatment centers.
- Decrease in the number/percent of Department of Health and Human Service involved youth that are psychiatrically hospitalized.
- Increase in the number/percent of Department of Health and Human Services involved youth that are maintained in the home through community based mental health services.

Decrease in health disparity among ethnic populations.

- Decrease in the rate of black infant mortality.
- Decrease in the teen birth rate for the Latino/Hispanic population.
- Decrease in the rate of Hepatitis B in in the Asian population.
- Decrease in the rate of colorectal cancer deaths.

Decrease in the percentage of adults with obesity.

Decrease in the percentage of children with obesity.

Increase in compliance with medical appointments and education sessions on medication adherence and safer sex practices for clients who receive care at the Department of Health and Human Services HIV clinic.

Increase in the percentage of children ages 9 months through 35 months who have completed vaccinations for their age.

Building a Safe Community — One Person at a Time.

STRATEGIC GOAL THREE:

Protect the Safety of Our Children, Vulnerable Adults, and Victims of Violence

Protecting children, vulnerable adults and victims of crime from harm is a core responsibility of the Department of Health and Human Services and will continue to be a priority. Family violence and emerging challenges such as gang violence must be addressed as we work to ensure that all residents are safe from abuse.

OBJECTIVES AND STRATEGIES

Increase comprehensive support services for children, vulnerable adults and victims of violence.

- Train staff, community providers, school staff and volunteers in recognizing signs, resources for treatment and precursors of abuse and maltreatment.
- Increase community-based supports, including natural caregivers in communities.
- Increase behavioral health and victim services provided to child welfare and juvenile justice families and children.
- Increase treatment capacity to serve identified children, families, vulnerable adults and underserved victim populations such as victims of torture and human trafficking, and adults molested as children.
- Increase resources to support activities to prevent child abuse.

Reduce family violence, domestic violence, child abuse and elder abuse in all populations through partnerships and public information.

- Develop, enhance and implement protocols to identify and address family violence and make referrals to Department services.
- Expand outreach, including media and community conversations in targeted populations, to provide education and develop plans to reduce violence in families.
- Provide public information to increase the reporting of abuse.

 Improve collaboration, efficiency and sharing of resources across County departments that also have services for victims of crime.

Focus on community safety, including gang prevention and intervention.

- Design effective programs and services to address emerging issues such as human trafficking and torture victims.
- Develop outreach and community education and increase services to targeted and underserved victims of crime.
- Provide gang prevention, outreach and intervention services in the community and schools to prevent and decrease gang involvement by youth.

Ensure that children and vulnerable adults are in safe, appropriate, supervised settings (child care, group homes, nursing homes, and assisted living facilities).

- Increase the number of licensed child care providers and the quality of child care, foster homes, therapeutic homes, shelters and group homes by providing increased resources, training and technical assistance.
- Collaborate with Montgomery County Police Department (MCPD) and Montgomery County Public Schools (MCPS) and other partners to improve the safety of schools and the community.
- Expand services delivery for adult and child behavioral health customers to include home, group homes and other natural settings.
- Provide specialized training in violence prevention and safety to providers and staff of group homes, child care facilities, nursing homes, assisted living facilities, and supervised and natural settings.
- Advocate for and develop adequate resources for appropriate placement capacity.



KEY MEASURES AND TARGETS

Decrease in the incidence of abuse of children.

Decrease in the incidence of recurrence of abuse of children.

Decrease in the incidence of abuse* of elderly/vulnerable adults.

Decrease in the incidence of recurrence of abuse of elderly/vulnerable adults.

Decrease in the incidence of recurrence of domestic violence incidents.

Decrease in the incidence of gang violence.

^{*}abuse includes neglect, self-neglect, and exploitation

Building a Safe Community — One Person at a Time.

STRATEGIC GOAL FOUR:

Increase Affordable, Accessible and Supported Housing Options for Our Populations

aving adequate and affordable housing is central to the health and safety of the individuals and families we serve. Though primary responsibility for housing resides with other County departments, the Department of Health and Human Services will work with our partners to advocate for adequate, affordable and accessible housing based on our understanding of the special needs of the customers we serve.

OBJECTIVES AND STRATEGIES

Reduce the incidence/prevalence of seniors and individuals with special needs who use shelters and/or transitional housing.

- Increase support services such as home aid services, heavy chore services, mental health, therapeutic aides, respite services and prescription monitoring and administration services.
- Identify and address barriers to housing and supportive housing options for individuals with special needs (i.e. chronic mental illness, residential status issues, substance abuse issues and/or domestic violence issues).
- Develop health services to reach out to those unable to access services through traditional settings (pre- and post-operative care).

Promote, with partners, an increase in the number of affordable and accessible housing units for low-income people and people with special needs.

- Work with current and new partners to identify and access resources for housing for low-income adults and people with special needs.
- Identify sites and funding for the County's next five Personal Living Quarters facilities.
- Collaborate with the Department of Housing and Community Affairs (DHCA), the Housing Opportunities Commission (HOC) and other

- partners to secure special needs housing units
- Integrate housing and services resources, in collaboration with partners, to increase housing options.
- Advocate that 25 percent of the Housing Initiative Fund be directed to developing affordable housing for those whose income is at or below 30 percent of the area median income, including people with disabilities.



Develop and implement effective strategies, in collaboration with partners, to prevent and reduce homelessness.

- Develop a federal revenue maximization effort targeted at County funded Housing Opportunities Commission (HOC) resident services activities.
- Develop programs for special populations and very low income households to help improve their financial management and their ability to maintain housing.
- Identify and collaborate with business groups, banks and non-profit housing development organizations to leverage resources to increase the pool of affordable housing options.



- Provide assessment, case management and treatment, in collaboration with the community, to individuals and families identified as at-risk for homelessness.
- Advocate for state and local funding to develop a Housing Choice Voucher "lookalike" rental assistance program targeted to supportive housing for special needs populations.

KEY MEASURES

Increase in the number of affordable housing units for low income people and people with special needs.

Increase in the number/percentage of people leaving shelters and transitional housing for permanent housing.

Building a Safe Community — One Person at a Time.

STRATEGIC GOAL FIVE:

Protect the Health and Safety of the Public through Emergency Preparedness and Response

Readiness to meet public emergencies, whether related to natural disasters, terrorism or disease, is a critical public health function of the Department of Health and Human Services. Working in partnership with public and private organizations, including hospitals and the Department of Homeland Security, the Department will continue to develop plans, programs and procedures to protect the health and safety of the public.



OBJECTIVES AND STRATEGIES

Ensure that all service areas prepare their customers for all hazards/emergencies (e.g. providers, residents, etc.).

 Expand efforts to reach all Department of Health and Human Services providers and clarify their responsibilities to help them prepare.

- Expand efforts to educate special populations to help them prepare.
- Expand efforts to educate the general population about family and individual preparedness.
- Engage the community in developing effective planning materials and strategies.

Plan and maintain readiness to identify bioterrorism and biological threats and to respond immediately if a disaster occurs.

- Use early warning surveillance (Children's Health Alert Network and Essence Surveillance System).
- Define and address issues related to isolation and guarantine.
- Develop mutual aid agreements and sustain partnerships with other agencies in the region.

Train all staff in emergency management practices.

- Participate in readiness exercises annually.
- Ensure that staff are fully informed and prepared for emergencies.
- Train shelter staff on accommodating the needs of people with disabilities.

KEY MEASURES

Increase the number/percentage of special population customers who are prepared to shelter in place.

Maintain the Department's Public Health Ready Recognition.

Building a Strong Community — One Person at a Time.

STRATEGIC GOAL SIX:

Children and Youth will be Ready to Learn and Able to Thrive



or children to develop and grow into healthy, safe, strong, selfsufficient adults, they need a range of supports. Young children with working parents need quality child care that fosters their development and makes it possible for their parents to work to support their

family. Some children require medical or behavioral health services to enable them to thrive.

OBJECTIVES AND STRATEGIES

Expand access to quality child care and to prevention and early intervention programs for children, including children with disabilities.

- Implement a public engagement campaign for parents, caregivers, grassroots and political organizations to expand access to childrelated services.
- Increase the number and diversity of highquality providers in geographic areas identified as in greatest need.
- Co-locate behavioral health and other key services in key child-serving program sites.
- Train and provide resources to child care providers to adequately serve children with special needs.
- Educate state and local lawmakers and advocate for additional funding for child care subsidies to increase the number of persons served and the amount of the subsidy.

Expand health, behavioral health and support services to children and their families to keep them healthy and ready to learn.

Increase case management and referral services for young children.

- Partner with schools and community to provide supports for high school age parents so they can finish high school or obtain a General Education Diploma (GED).
- Increase the quality, number and diversity of mental health and child serving providers through outreach and resource leveraging.
- Expand in-home mental health and case management services.

Increase prevention and intervention programs for children and youth including children with special needs.

- Seek additional sources of funding for programs for children in need of supervision.
- Increase home-based and community-based prevention and early intervention programs for young children.
- Increase case management and family supportive approaches for families so children are ready to learn and thrive.

Develop resources to address the whole spectrum of child mental health needs.

- Increase resources to prevent child hospitalizations.
- Increase respite care.
- Increase the number of children assessed.
- Increase skilled, culturally competent therapy resources.
- Develop blended funding strategies and administrative support to support behavioral health providers in serving our children and families.
 - and families.

 Improve behavioral health crisis response services to children and youth at every level.

Develop partnerships to leverage resources.

- Increase the community's capacity to serve older youth.
- Collaborate with Montgomery County Public Schools (MCPS), the Collaboration Council and other County agencies and partners to fund shared priorities.
- Maximize existing funding sources to improve access to effective mental health services for children.

KEY MEASURES

Increase in the percentage of kindergartners entering school deemed "fully ready to learn."

Increase in the number of eligible children receiving child care subsidy.

Increase in the number of accredited child care providers.

Building a Strong Community — One Person at a Time.

STRATEGIC GOAL SEVEN:

Increase the Number of Seniors and People with Disabilities Who Live in the Setting of Their Choice

The difficulties associated with aging are especially hard for low income and vulnerable older adults. They, and people with disabilities, have increasing challenges that threaten their ability to live in the setting of their choice. Emerging diseases and disorders such as Alzheimer's and autism also require our attention.

OBJECTIVES AND STRATEGIES

Increase the active participation of seniors and persons with disabilities in the community.

- Expand transportation options for these populations, in conjunction with the Senior Strategic Plan.
- Expand the behavioral health therapeutic mental health discussion group to an additional Senior Center.
- Expand and enhance behavioral health outreach services to include homebound vulnerable adults.

Increase services to meet the needs of people with increasingly prevalent disorders/diseases such as Alzheimer's and autism.

- Support data collection to plan for emerging disorders and diseases.
- Develop intensive community-based wraparound services in partnership with Montgomery County Public Schools which allow children with autism to remain home and in their communities.
- Increase coordination and integration with Montgomery County Public Schools in early intervention programs.
- Increase training, supports and respite services for caregivers.

Ensure providers of less restrictive living environments are providing safe and high quality services in compliance with the law.

- Ensure that providers of less restrictive living arrangements understand and meet licensing requirements.
- Integrate licensing efforts and coordinate technical assistance to providers of services in Montgomery County.
- Expand the number of providers offering less restrictive environments for adults and children with disabilities.

Implement services, in collaboration with partners, to allow seniors and people with disabilities to live in integrated settings.

- Ensure seniors and people with disabilities have housing choices.
- Provide technical assistance to the community on how to make homes accessible for people with disabilities and seniors.
- Provide assisted living services for clients with mental illness.

KEY MEASURES

Decrease caregiver stress/burden.

Decrease the number of violations for non-compliance with Maryland regulations by Assisted Living, Group Home and Adult and Child Foster Care providers.

Increase the number/percentage of young adults with developmental disabilities who are more integrated into the community.

Improve effectiveness in assisting seniors and persons with disabilities to leave institutional settings through Medicaid Assistance Waiver Program.



Building a Strong Community — One Person at a Time.

STRATEGIC GOAL EIGHT:

Increase the Economic Security of Our Customers by Improving Employability



or our community to be healthy, safe and strong, individuals must be able to obtain and sustain employment, pay their bills, and pay their taxes. Employment, though not a primary function of the Department of Health and Human Services, is an essential element of self-sufficiency and individual and family well being. The Department will advocate for employment opportunities for our customers and in some programs, take a direct role in employment-related activities.

OBJECTIVES AND STRATEGIES

Ensure that the Department of Health and Human Services' services promote and facilitate our customers' ability to obtain and retain employment.

- Identify and eliminate practices and policies (including hours of operation) that impede customers' ability to retain employment.
- Educate customers and the public on methods to access benefits (i.e. income supports).
- Establish partnerships with private sector companies to promote hiring and retaining our customers.

Address unmet quality child care needs of low-income populations.

- Increase Working Parents Assistance (WPA)
 Trust Fund and WPA and Purchase of Care
 (POC) funding through advocacy and partnering.
- Expand recruitment and retention initiatives for outreach to child care providers without licenses to help them become licensed.
- Expand outreach to working families in targeted populations to inform them of availability of licensed child care providers, child care programs and services.

Improve employment outcomes for clients with behavioral health needs, people with disabilities, the elderly, Temporary Cash Assistance (TCA) populations and immigrant populations by improving access to programs and job-related training and education.

- Expand and improve access to youth job training and employment support services.
- Collaborate with employment partners to coordinate appropriate case management and training for our customers.
- Eliminate barriers to employment, including health care, child care, transportation, English fluency and literacy (expand ESOL training to our customers).
- Work with county employers and County government departments to make job opportunities available for these customers.
- Educate community partners and businesses through outreach efforts in order to reduce mental health stigma and barriers and therefore increase employment opportunities of our customers.



Utilize case management function to address economic security issues of our customers.

- Develop and implement a case management model across the department to assist customers in accessing needed supports.
- Educate and assist customers in accessing services for which they are eligible, including those receiving Supplemental Security Income (SSI), Earned Income Tax Credit (EITC), Earned Income Child Care Credit (EICC), Child Support and other income support programs.

KEY MEASURES

Increase in the percentage of eligible households who receive income supports.

Increase in the percentage of targeted groups of customers who are employed.

- People with disabilities.
- Temporary Cash Assistance (TCA) customers.
- Children aging out of child welfare system.
- Persons with behavioral health needs.
- Low-income seniors.

VII. Service Integration and Internal Operations Priorities

SERVICE INTEGRATION

Cross-systems case management, universal screening and culturally and linguistically competent service delivery are particularly important priorities as the Department undertakes implementation of the strategic plan. Each is a central function in successfully integrating services across all areas of the Department and consequently providing more effective customer-focused service to county residents.

Through cross-systems case management, staff in the Department will coordinate the efforts of all appropriate service areas to ensure that our clients obtain unified, cohesive services. Use of a universal screening tool will enable the Department to assess the range of a person's needs on the first visit and to make appropriate referrals at that time.

The Department also is committed to providing outreach and service to customers with limited English proficiency in a linguistically and culturally competent manner so as to facilitate their access to services.



INTERNAL OPERATION PRIORITIES

The functions, processes and procedures listed below represent key internal operation elements that will facilitate the Department of Health and Human Services' accomplishment of the eight broad department-wide goals described in this strategic plan. The Department will focus on these priorities in all operational and support functions.

- Improve customer service to all people we serve as well as to internal customers.
- 2. Improve the information technology infrastructure to support department priorities.
- 3. Increase government and private grants and state and federal funding.
- 4. Align internal operations to support service delivery, including:
 - Contract procurement and contract monitoring.
 - Human resources (including succession planning, and recruitment for a diverse staff).
 - Fiscal, budgetary and reporting processes.
- Improve program planning and develop effective outcome measures for all programs.
- 6. Improve the quality of facilities and utilization of space.
- 7. Increase the capacity and capability of management and staff.
- Improve communication externally with customers/partners and internally with Department of Health and Human Services employees.

VIII. Conclusion

The Department of Health and Human Services strategic plan is ambitious and reflects the Department's commitment to be responsive to the health and human services needs of county residents in a way that supports the health, safety and strength of individuals, families and the community. We believe that by achieving the strategic goals and objectives identified in this plan, we can have the most positive impact on our customers' lives.

To accomplish these goals, the Department will work both internally and with our partners in the community to deliver services that respond to changing needs in the community and build on the strengths of the individuals and families we serve. Leadership and staff in each of the four service areas of the Department – Aging and Disability Services, Behavioral Health and Crisis Services, Children, Youth and Family Services, and

Public Health Services – have developed action plans for the first year of the strategic plan. Their plans present specific steps they will take in the coming year to help achieve the objectives and goals of the overall Department strategic plan. On an annual basis, the Department's leadership and staff will review the strategic plan and make adjustments suggested by changing needs in the community, outcomes of the prior year's actions and changes in resources from the federal, state and county level.

We thank the many individuals who contributed their time and thoughts to the strategic plan. Their insights, experience and wisdom provide the foundation for the goals and objectives that we believe are critical to understanding and meeting health and human service needs in Montgomery County.

IX. Appendices

A. GLOSSARY OF TERMS

access – the ability or right to approach, enter, exit, communicate with, or make use of.

at-risk – a measure of well being and safety tracked on a continuum of severity that indicates the degree to which an incident, person or environment may contribute to or cause a vulnerable adult or child to be harmed. A definition of "risk" is not provided in MD law, COMAR or the APS program manual. This definition reflects our operational use of risk ratings for clients.

capacity – 1) the maximum level of service or number of slots that a program can provide given the current level of funding; 2) a measurement of the adequacy of the array of services designated as appropriate or necessary by the department to meet the needs or to treat the condition of an individual qualifying for services. The measurement is of the ability of a program(s) to serve the identified or estimated number of county residents having the need or condition; 3) the total number of clients that a service delivery provider is able to serve at a given time.

case management – a comprehensive community based service that includes the development of a plan of care based on a strength based assessment, and assures a client receives an individualized set of services and natural supports.

client – a person receiving service either internally from the Department of Health and Human Services (DHHS) or externally from DHHS' business partners.

cross-systems case management – case management that specializes in integrating services and providers from multiple systems in an effort to coordinate and maximize a wide variety of services for a client. This could include the creation of a single plan of care and the utilization of a "Lead" or "Super" case manager.

cultural competency – the delivery of health and human services that are respectful of and responsive to the beliefs and practices, and cultural and linguistic needs of diverse populations.

customer – 1) a client receiving services from DHHS or a DHHS business partner; 2) a person inquiring about, or looking for, a service provided internally by the Department of Health and Human Services (DHHS) or externally from DHHS' business partners, but not necessarily receiving service from DHHS.

evidence based practices – interventions for which there is consistent, scientific evidence showing that they improve consumer (client) outcomes.

Limited English Proficiency (LEP) – the inability of an individual to speak, read write or understand the English language at a level that permits him/her to interact effectively with health care providers and social service agencies.

Medicaid – a joint federal and state program that helps with medical costs for some people with low incomes and limited resources. Medicaid programs vary from state to state, but most health care costs are covered for a person who qualifies for both Medicare and Medicaid.

Medicare Part A (hospital insurance) – hospital insurance that pays for inpatient hospital stays, care in a skilled nursing facility, hospice care and some home health care.

Medicare Part B (medical insurance) – medical insurance that helps pay for doctors' services, outpatient hospital care, and other medical services that are not covered by Part A, such as physical and occupational therapy.

one-stop system – 1) a concept of service integration that allows a client/customer to apply for and/or receive services of different programs at one location; 2) the Workforce Investment deliv-

ery system that simplifies access to workforce–related services.

people (or person) with disabilities – a person who has a physical or mental impairment that substantially limits one or more major life activities. (Definition of American with Disabilities Act)

population – when used in conjunction with health and human services, population refers to individuals or groups of individuals who needing, accessing or receiving a particular service. Population, used broadly in data such as Census figures, refers to individuals.

resident – a person living within the boundaries of Montgomery County.

service provider – the person (or company or organization) who provides case management services, counseling or other direct service to a client either as an employee or through a contract.

vulnerable adult – an adult who lacks the physical or mental capacity to provide for the adult's daily needs. (Maryland law, Title 14, Adult Protective Services)

B. ENVIRONMENTAL ASSESSMENT OF MONTGOMERY COUNTY

Several forces are converging in Montgomery County to create new health and human services needs among residents and new challenges to County government's ability to respond to all people seeking assistance.

These forces reflect trends in three separate areas. Together, they increase the community needs for health and human services and also put more financial strain on the County's capacity to meet the growing need. They include:

- Economic Factors costs of housing, health care, health insurance and child care;
- Demographic and Cultural Changes increase in the number of non–English speaking residents, many of whom are low income; and
- Political Climate decrease in federal and state aid for health and human services and programs.

Over the next decade other factors will compound the current challenge to fund and deliver health and human services. In particular, as the baby boomer generation becomes the senior population, the need for senior services will grow exponentially.

ECONOMIC FACTORS

Low-income individuals and families in Montgomery County, whether long term or newly low income, face substantial hardships in paying for cost of basic needs: housing, food and health care. In these families, employed parents struggle to make ends meet on their earnings. To hold a job they often need child care, yet both the cost and the limited availability of quality child care create barriers to successful employment that can support the family.

While the portrayal of Montgomery County residents as well educated and well off is true for many, a growing number of residents who are usually considered middle income face substantial economic challenges that threaten their financial stability. The skyrocketing cost of housing, child care, health insurance and health care means many residents, though not "poor" by offi-

cial poverty measures, cannot afford the cost of living in the county.

Montgomery County ranked 203rd among 233 counties in the nation in the percent of children under 18 years of age who were below the poverty level in the past 12 months, yet the high cost of living causes economic hardship for those households whose income is two or even three times the official federal poverty level. [The Face of Poverty in Montgomery County MD, Montgomery County Community Action Board, April 2005] Ten percent of Montgomery County families with a female head of household had incomes below the Federal Poverty Level, according to the most recent Census figures [U.S. Census, American Family Survey 2003].

Housing

The escalating cost of housing in the county creates significant financial burdens for low-income individuals and families. Already priced out of home ownership, they nonetheless face high costs for rental units. In 2004, the average rent for units with all utilities included was \$1,191 per month, and \$1,168 for units with no utilities included. The average rent countywide ranged from \$887 for an efficiency apartment to \$1,704 for a four-bedroom plus unit [Montgomery County Department of Housing and Community Affairs].

In the past decade new household composition patterns have emerged that also impact housing affordability. Overall, the number of single parent families is increasing – and increasing at a faster rate among lower income residents. Typically, single parent families earn less income. At the same time, foreign-born households have a larger average household size than native-born households and pay higher average monthly payments whether for rent or for a mortgage. Non-whites in the county are disproportionately found in rental housing. Forty-five percent of non-white households reside in rental housing, while 23 percent of non-Hispanic whites are renters.

The economic impact of housing costs falls heavily on renters, who pay a much larger share of their monthly income than owners. Among renters, 45 percent pay more than the federal guideline of 30 percent of their household

income for housing, whereas only 25 percent of owners with a mortgage exceed that threshold. Renters comprise 55.9 percent of African American families, 47.6 percent of Hispanic families, 33.9 percent of Asian families, and 23 percent of non-Hispanic white households.

Family household size also impacts housing costs. Five or more persons are found in 7.8 percent of non-Hispanic white families, 12.4 percent of African American families, 12.4 percent of Asian families and 32.1 percent of Hispanic families [Montgomery County Community Action Board, *The Face of Poverty in Montgomery County*, 2005].

Many residents find adequate, affordable shelter difficult to find. In 2004, the average turnover rent (the monthly cost for a newly rented unit) for a two-bedroom apartment in the county was \$1,211 per month [Department of Housing and Community Affairs, Rental Apartment Vacancy Report, 2004]. An individual making the minimum wage of \$5.15 per hour brings home an average of \$893 per month before taxes to pay for housing, food, clothing, utilities, health care, transportation and child care, if needed. If two adults in a household are working at minimum wage, they earn \$1,785 in pretax monthly income to cover all their costs.

The National Low Income Housing Coalition, in Out of Reach 2004, estimates that an income of \$47,480 (\$22.83 per hour) is needed to afford a two-bedroom apartment at Fair Market Rent (FMR) in Montgomery County.

Montgomery County has a range of affordable housing initiatives, both for rental and for home ownership. The County developed the nation's first Moderately Priced Dwelling Unit program (MPDU) in the 1970s. Under this program households with 60 percent to 70 percent of the area median household income of \$89,300 for 2005 (\$40,000 to \$68,000) may qualify for ownership units priced between \$146,667 and \$226,667 or for a rental unit in the range of \$1,000 to \$1,550 monthly.

The Housing Opportunities Commission (HOC) of Montgomery County offers two rental assistance programs for low-income families, the Housing Choice Voucher (HCV) and public housing programs. The voucher program allows low-income (\$39,150 for family of three) participants to take their voucher funds on the open market to find housing, thus integrating low-income families into middle class neighborhoods. When the program last opened its list in September 2004, 7,000 families applied in a two-week period. Currently, HOC has 5,600 vouchers in use and a waiting list of 10,000 families. All 1,500 public housing units are occupied and 7,000 people remain on the waiting list. The Housing Opportunities Commission, for the first time in more than a decade, announced in May 2005 that it will not open to any new applicants in 2005.

Increasingly, many residents who usually are considered middle-income, including teachers, fire-fighters, police officers and social workers, also find it hard to pay for housing. The skyrocketing cost of housing is pushing some middle income wage earners closer to the brink of being "poor" in a real world sense, even though their income is well above the official poverty level.

High costs also make home ownership more difficult for many county residents. The Maryland National Capital Park and Planning Commission's Economic Forces that Shape Montgomery County Annual Update 2005, reported that low interest rates were not enough to counterbalance the effect of rapidly-rising home sale prices, so housing affordability continued to suffer in 2004. "The median income household could afford the median priced existing townhouse in 2003... However, median prices for new townhouses and for new and existing single-family detached homes were out of reach for most households."

At the end of 2004, the median purchase price for a home in the County, not including condominiums, was \$365,000, an 18.7 percent increase over the previous year. The largest increase occurred in more moderately prices areas. In parts of modestly-priced Wheaton and Silver Spring, homes sold for a median price of \$325,000, up 20.4 percent in one year. In part of Germantown, where some of the lowest priced housing can be found, the median sale price of \$270,000 increased 22.7 percent from \$220,000

in 2003 [Washington Post Real Estate Annual Housing Outlook, 2005]. The monthly payment on the lower priced house of \$270,000 with 20 percent down and a 6 percent, 30-year mortgage is \$1,307, not including property tax and insurance.

At the same time, funding for housing programs is shrinking. Since 2004, the U.S. Department of Housing and Urban Development has cut \$4.1 million from the Housing Opportunity Commission's rental assistance funding. And, with so many on the waiting list, applicants have virtually no chance of being selected for the Housing Choice Voucher program.

Health Insurance

Both the number of people without health insurance and the cost of health care in the county continue to rise. While data specific to Montgomery County is not available, statewide data illustrates the scope of the problem. The data and analysis are extracted from *Options for Covering the Uninsured: A Report to the Maryland General Assembly* [Maryland Department of Health and Mental Hygiene and Maryland Health Care Commission, January 2004].

Approximately 690,000 people in Maryland have neither public nor private health insurance. During 2001-2002, the rate of uninsurance in Maryland rose from 11.3 percent to 12.8 percent of the total population. "The increase in uninsured is largely a result of an increase in the number of uninsured adults, with a two percentage point increase from the previous reporting period. Ten percent of children in Maryland were uninsured in 2000-2001 and 2001-2002. The percentage of uninsured adults rose from 14 percent in 2000-2001 to 16 percent in 2001-2002. Although the proportion of uninsured people in Maryland is lower than for the nation as a whole at 14.9 percent, only one state, Mississippi, had a larger increase in the number of uninsured residents in the most recent year for which data are available. The growth in the number of uninsured in Maryland is attributable primarily to a reduction in the number of people with employment based coverage."

Only 12 percent of the uninsured live in families (including single individuals) in which there are no working adults. There are substantial numbers

of uninsured people at every income level, with the largest proportion, 41 percent, in the low income category, having a household income of less than 200 percent of the federal poverty level. Another 21 percent are families of modest means, with incomes between 201 percent and 300 percent of the poverty level. A surprising proportion of the uninsured are in families with incomes well above the \$35,630 median for all families statewide. Thirty-eight percent of all uninsured households have incomes in excess of \$43,500 and 15 percent have incomes above \$87,000. The median income for Montgomery County was \$79,115 in 2002.

Among all age groups, young adults ages 19 to 34 are less likely to have health insurance than children or older adults. Approximately 25 percent of young adults were without health insurance during 2001-2002. This age group makes up 40 percent of all uninsured. Non-citizens also are more likely to be without health insurance and comprise 30 percent of the total uninsured even though they are only 9 percent of the non-elderly population. In addition, minority racial/ethnic groups, regardless of income, are less likely to have insurance.

Education is also a predictor of health insurance coverage. Twenty percent of individuals with a college degree or some college education are uninsured, compared to 23 percent for high school graduates and 46 percent for those who did not complete high school.

While the numbers of uninsured are growing, so is the cost of health care. Per capita expenditures for health care in Maryland increased 8.1 percent between 2000 and 2001.

The rising number of uninsured individuals presents a growing social problem. Not only are the costs for health care much greater, but those who go without health insurance are less likely to obtain needed health care services, making them more vulnerable both to health related problems and to financial instability if they cannot work.

Child Care

A shortage of affordable child care slots in the county places an additional burden on

Montgomery County families. Whether in a single parent household or a two parent household, parents in low income and many middle income families must work to make ends meet. Child care for one pre-school child in a licensed day care facility for full-day, full-year currently costs between \$6,000 and \$10,000 per year [The Self-Sufficiency Standard for Montgomery County, MD 2002/2003, Community Action Agency] and averages \$17,700 for a family with one infant and one pre-school aged child [Collaboration Council, Child Care Demographics 2005]. Lowincome families spend up to one quarter of their income on child care, if they can find child care. Currently, 2,998 children are on the waiting list for one of the County's subsidized child care programs, making paid employment nearly impossible for many families who need child care to hold a job.

Poverty and the Real Cost of Living in Montgomery County

The Federal Poverty Guidelines, issued annually by the U.S. Department of Health and Human Services, set the income level for determining financial eligibility for federally funded programs. In June 2004, the Federal Poverty Guideline for a family of three, consisting of one adult, one preschool child and one school-aged child was \$15,670. Accordingly, this hypothetical family is deemed able to afford to live anywhere in the contiguous United States on an income of \$15,670 a year (\$16,090 for 2005).

A more real-world measure of what it costs to live in Montgomery County is the Self-Sufficiency Standard. The Standard considers where a family lives and the age of any children. It assumes that all adults, whether married or single, work fulltime and therefore includes costs associated with employment, specifically transportation, taxes and child care, plus housing, food, health care and miscellaneous. The Standard is set at a level that is not luxurious or even comfortable, but not so low that it fails to adequately provide for a family [Community Action Agency, Self-Sufficiency Standard for Montgomery County]. In 2004, the Self-Sufficiency Standard for a family of three consisting of one adult, one pre-school child and one school-aged child was \$52,381, meaning the family would need to earn an hourly wage of \$24.80. The minimum wage is \$5.15.

DEMOGRAPHIC CHANGES

Montgomery County is more diverse than ever. Between 1990 and 2000, the county population grew by 116,314 people to 873,341. Foreign immigration accounted for 89.1 percent of the population growth over that 10-year period. This diversity is reflected in public school data which shows that students from 160 countries are enrolled in the Montgomery County Public Schools [Community Action Agency of Montgomery County, The Self-Sufficiency Standard for Montgomery County, MD 2002/2003].

In 2000, the county had a total of 232,996 foreign-born residents. Of this population, 38.3 percent were born in Asia, 35.2 percent in Latin America, 13.9 percent in Europe and 11.1 percent in Africa. Among foreign born residents entering the county between 1990 and 2000, 14,839 were naturalized citizens and 88,847 were not citizens. In the 31.6 percent of the population who speak a language other than English, 12.9 percent reported speaking English less than very well [2000 Census prepared by the Montgomery County Park and Planning Commission].

The influx of foreign-born individuals into the County continues to accelerate. Between 2000 and 2004, an additional 33,868 international migrants moved to the County [Montgomery County Department of Park and Planning Research and Technology Center, Census Update Survey 2003].

Among recently arrived foreign-born individuals there are at least three distinct populations. The affluent include professional, well-educated individuals who work with embassies, international organizations, private corporations and government institutions. A second group may be well educated, e.g., bankers, lawyers, and teachers who emigrated to the United States looking for a better life, but are relegated to low-paying jobs for a number of reasons including the lack of language proficiency and non-citizen status. A third group includes individuals, often illiterate in their own language, who are seeking work, hold a job, or string together a number of low-paying jobs to try to make ends meet. Often, they work in food and retail establishments, or in janitorial or other menial labor jobs.

As a group, foreign-born residents in Montgomery County differ from the native born in education. On the high end of educational attainment, 58.6 percent of the native born and 44.9 percent of the foreign born county residents age 25 and older hold at least a bachelor's degree. At the lower end of educational attainment, only 4.6 percent of the native born 25 and older have less than a high school education, while 20.1 percent of the foreign born in the same age group have less than a high school education [Maryland Department of Planning, Characteristics of the Foreign and Native Born of Montgomery County by 2000 Public Use Microdata Areas (PUMAS)].

The 2000 U.S. Census recorded 13,516 county children under 18 years of age, 28,041 adults 18 to 64 years of age, and 5,467 adults 65 years and older who were below the poverty level in 1999. Poverty rates are highest among Hispanic families (8.9 percent), followed by Black or African American (7.8 percent), Asian (4.7 percent) and non-Hispanic Whites (1.7 percent) [U.S. Bureau of the Census, Census 2000; Montgomery County Department of Park and Planning, Research and Technology Center].

The senior population in the county also is growing. In 2000, 92,503 individuals in the county were 65 years of age or older. By 2005, that number increased to 100,241 and is projected to grow by another 11,621 by 2010. As many residents become seniors and retire from work, their income will move from earned salary to social security and/or pension benefits, often resulting in a loss of income. Others will have no retirement income. While the repercussions of reduced or no income for senior residents remain to be seen, the need for senior services will only grow.

POLITICAL CLIMATE

Federal government funding for health and human services programs is in a period of overall decline. The federal government has passed responsibility for making up for the loss of federal funds for health and human services entitlements and programs to state governments. In turn, in Maryland, the state government has reduced aid or changed eligibility for many critical health and human services and programs, leaving the County to fund a higher proportion of costs or reduce services for county residents.

As an example, the State of Maryland lost \$45 million in past two years for federal child care subsidies and consequently reduced aid for local programs [WTOP 5/31/05]. Since 2004, The U.S. Department of Housing and Urban Development has cut \$4.1 million from Montgomery County's Housing Opportunities Commission rental assistance funding.

In his fiscal year 2006 budget, President Bush requested \$138 billion in reductions in mandatory programs over 10 years, including Medicaid, food stamps and child care assistance for low-income working families. Under his proposal, child care assistance would end by 2009 for 300,000 low-income children. The proposed \$45 billion reduction in Medicaid funding almost certainly would cause many states to cut their Medicaid programs, increasing the ranks of the uninsured [Center on Budget and Policy Priorities, March 18, 2005].

Other programs and services provided by the Department are also under consideration for reductions in federal and/or state funding.

C. PLANNING PROCESS

The Montgomery County Department of Health and Human Services has worked over a period of nine months to develop a five-year department-wide strategic plan to provide focus and guide our decisions. The Department's comprehensive planning process involved four critical phases, including:

- 1. Data Collection
- 2. Identification of Priorities
- 3. Developing Objectives and Key Measures
- 4. Developing One Year Action Plans

This document represents the compilation of the Department's comprehensive planning process and provides a conceptual framework for planning forward. The planning process also will enable the Department to clearly communicate our direction and priorities and provide a guide for decision making and priority setting. Lastly, it forms the context for understanding program and service decisions.

PHASE ONE: Data Collection

Areas of Focus

Stakeholder, Partner, and Client Input Data Analysis

Activities

The Department conducted more than 40 interviews and focus groups countywide to solicit input on our strengths, weaknesses, opportunities and threats over the next five years. The interviews and focus groups included identified stakeholders, service partners, clients, County government leadership and Department of Health and Human Services employees. Together, those who participated represent a broad range of interest and functions pertinent to health and human services.

The Department simultaneously conducted a comprehensive analysis of available data from a multitude of credible sources. The analysis focused on current and emerging trends that will impact, directly or indirectly, the delivery of health and human services in Montgomery County.

PHASE TWO: Identification of Priorities (Goals)

Area of Focus

Identify Trends in Input and Data Analysis Identify Trends in Data Analysis

Activities

The various stakeholder interviews and focus groups provided the Department with a great deal of data on identified strengths, weaknesses, opportunities and threats. The data was analyzed to determine any trends in issues and areas of focus.

The trends and areas of focus from the stakeholder interviews and focus groups were then compared against the data analyses to develop priorities based both on input and data.

PHASE THREE:

Development of Objectives and Key Measures

Areas of Focus

Develop Areas of Focus Department wide to achieve stated goals.

Develop Key Measures to Track Progress in achieving stated goals.

Activities

Following the identification of data supported priorities [Departmental Goals], the Department developed key objectives to impact each stated goal and key measures that will track progress in achieving each goal.

PHASE FOUR:

Development of One-Year Action Plans

Areas of Focus

Develop Strategies/Action Steps to achieve Goals and Objectives.

Develop Achievable Targets for Key Measures.

Activities

The successful execution of the Department's strategic plan requires the development of actionable steps that identify timeframes and resources.

The Department developed action plans and targets for each key measure for the first year of the Strategic Plan. This phase moves the plan to execution.

D. FOCUS GROUP FEEDBACK AND PARTICIPANTS

Between November 2004 and February 2005, Department of Health and Human Services staff involved in the strategic planning process met with hundreds of individuals who have an interest in the Department and our future - customers, providers, community groups, stakeholders, Board and Commissions, Department staff, County Council members and staff and County Executive staff. Their input is an important element in helping the Department identify our customers and their needs now and into the future. Their input, insight and information provided the foundation for better understanding current and emerging health and human services needs and developing the Department wide goals and strategies to meet these needs.

The following individuals and groups were invited to participate in interviews or focus groups as part of the strategic planning process. A few individuals and groups listed here were unable to participate.

Government

Office of the County Executive Staff
Office of the Chief Administrative Officer
Montgomery County Council Members
County Council Health and Human Services
Committee and Committee Staff
Montgomery County Public Schools
Superintendent

Housing Opportunities Commission Director Department of Economic Development Executive Director

Montgomery County Police Chief

Department of Housing and Community Affairs
Director

Recreation Department Director

Department of Correction and Rehabilitation Director

Department of Homeland Security Director
Department of Technology Services Director
Office of Management and Budget Director
Department of Public Libraries Director
Department of Public Works and Transportation
Director

Public Information Office Director Community Use of Public Facilities Director Mayor of Gaithersburg Mayor of Rockville Mayor of Takoma Park
Bethesda Regional Services Center Director
East County Regional Services Center Director
Mid County Regional Services Center Director
Silver Spring Regional Services Center Director
Upcounty Regional Service Center Director
Department of Health and Human Services
Employees

Community Leaders

African American Advisory Committee African American Health Program Archdiocese of Washington, Office of Justice and Service

Asian Pacific American Advisory Committee
Asian Pacific American Health Initiative
Boards and Commissions
CASA of Maryland, Inc.
Catholic Community Services, Inc.
Center for Handicapped Individuals, Inc.
Community Ministry of Montgomery County
Holy Cross Hospital
Jewish Community Council of Greater
Washington

Jewish Council for Aging
Jewish Social Services Agency
Latin American Advisory Committee
Latino Civil Rights Task Force
Latino Health Initiative
Mental Health Association
Mental Health Blue Ribbon Task Force
Montgomery County Coalition for the
Homeless

Montgomery County Collaboration Council National Capital Area Chapter Alzheimer's Association Primary Care Coalition

Primary Care Coalition School Health Council

Customer, Advocacy and Provider Groups

Montgomery County Department of Health and Humans Services Boards and Commissions CASA of Maryland, Inc.
Emergency Assistance Coalition
Federation of Families
Holiday Park Senior Center
Adult and Family Homeless Providers
Impact Silver Spring
Interagency Coordinating Committee for Developmental Disabilities Interagency
Coordinating Council for Developmental Disabilities
Inwood House

Linkages to Learning Sites Broad Acres Elementary School, Silver Spring Summit Hill Elementary School, Gaithersburg Maximus **Progress Place**

Seneca Heights

Grass Roots Organization for the Wellbeing of Seniors (GROWS)

Major Themes Identified by Focus Groups

Building a Healthy Community – One Person at a Time

1. Increase Access* to Health Care (Somatic and Mental Health)

- Target Mental Health services broadly.
- Increase, enhance services to the most serious, most chronically mental ill, including ex-offenders.
- Provide mental health clinic access for all citizens.
- Increase adult and adolescent substance abuse services.
- Plan for services to address projected growth in Alzheimer's population (proiected approx 21,000 residents by 2010).
- Provide services to address projected growth in incidence of autism.
- Reduce/eliminate waiting list for services.
- Eliminate backlog of Medical Assistance waiver (A&D).
- Eliminate wait list for mentally ill placement in residential rehab program.
- Insure those who are uninsured.
- Access includes language access, information available about services, services available in more geographic areas, addressing documentation and immigration status issue.

2. Improve/Safeguard Public Health

- Bioterrorism
- Disease Control
- Environmental Health/Obesity/Healthy Lifestyles

Building a Safe Community – One Person at a Time

1. Protect the Safety of our Children, **Vulnerable Adults, and Victims of Violence**

- Provide wraparound services for child welfare cases.
- Reduce domestic violence/elder abuse in all populations.

2. Increase Affordable Housing Options for **Our Populations**

- Address needs of Homeless populations children and adults (reduce/eliminate RAP waiting lists).
- Increase options for poor/disabled elderly.
- Increase options for mentally ill individuals.
- Increase options for previously incarcerated.

Building a Strong Community – One Person at a Time

1. Improve Outcomes for Children

- Expand access to child care and early intervention programs.
- Increase child care subsidies for poor working families and reduce waiting lists for subsidized programs.
- Increase, enhance prevention programs for children - Linkages to Learning, Baby Steps, Juvenile Justice, etc.

2. Increase employment of our customers by improving employability and employment support services

- Eliminate system-imposed barriers to employment.
- Provide wraparound services to families.
- Improve job training outcomes.

Douglas M. Duncan | County Executive

Carolyn W. Colvin | *Director*



Montgomery County Department of Health and Human Services

401 Hungerford Drive, Rockville, MD 20850 www.montgomerycountymd.gov Telephone: 240-777-1245 TTY: 240-777-1295